## FORM 1

## Biosolids Land Application Local Monitoring Expenses

## REIMBURSEMENT INVOICE

Page 1 of 1

	DEQ USE ONLY		
Claim No. 261) - 0	Activity Dates:		
County:	Date Rec'd:		
Evaluator: ///.	Permit No:	Approval Amount:	

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates regulation (9 VAC 25-20-149) for additional instructions on how to complete the form.

instructions on how to complete the form.	in the receiptor remitted and Certificates regulation (9 VAC 25-20-149) for additional
I. Claimant Information	
A. Name of Local Government Official:  Ames KANdoloh	B. County:
C. Claimant Mailing Address:	D. City, State E 7in Code
11413 Courthouse Rd	D. City, State E. Zip Code  Lynen burg Va 23952
F. Claimant Telephone No. G. Claimant Fax No.	H. Local Monitor Name
(434)696-2142 (434)696	-1798 MANUEL Toombs
	Person Telephone No. K. Contact Person Fax No.
WAde BARTlett (434)	392-7258 (434)392-6683
II. Monitoring Activity Information (Attach additional separate she	ets if necessary)
A. DEQ Permit No. and Site Identification	B. Farm(er) and Site Location
C. Type of Monitoring Activity and Dates 02-01 Three 0	L 28-20// D. Reimbursable Time and Charges
Kecord Keeping	1.5024.00-36.00/240,50=12,00
E. Sampling and Testing Information	F. Name and location of Lab used G. Total Lab Charges
III. Multiple Owner Information ( For Local Monitor employed by m	ultiple jurisdictions)
Are the expenses listed above part of a multiple owner payment submission?	
Yes No	
If you answered "Yes" to the above question, you are required to submit	t this invoice with the multiple owner payment Form 2.
IV. Responsible Official Statement (Please sign name): Misseur	el domby
A. Were the listed expenses incurred during the dates included in Part II.C	
Yes No	
If you answered "No", please attach the necessary documentatio	n to explain the discrepancy.
V. Statement Of Costs	
A. Are all expenses listed in this invoice complete at the date of this invoice	C. Total costs claimed for reimbursement in this Invoice
Yes 🗌 No	
B. Will additional reimbursement costs incurred for monitoring activities site(s) listed above be submitted?	\$
☐ Yes ☒ No	(Jebruary)
VI. County Administrator Certification (Please print name):	
obusty restministrator Certification (Please print flame).	
The following signature attests that the monitoring	activities for which reimbursement is sought have been
performed in accordance with the provisions of the	VPA Permit Regulation (9 VAC 25-32) and the Fees for
Permits and Certificates regulation (9 VAC 25-20):	
	3-9-2011
County Administrator	3 - 8 - 2 0 ()  Date
W/ County realistiator	Date
11 anus I Somb	03-01-2011
Local Monitor	Date

## Biosolids Land Application Local Monitoring Activity Details

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3: Administrative	3: Administrative Complaint Inspection Meeting Sampling Training	

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TOTAL \$48.00